

Mt. Zion Child Care Water Sampling Lead Analysis Report

1. INTRODUCTION

1.1. GENERAL

This report presents the results of our water sampling performed at the site of Mt. Zion Child Care, 13560 E. McNichols, Detroit, MI., on May 8th, 2016. The sample results taken in conjunction with this investigation are also presented on Appendix 1.

1.2. OBJECTIVES AND SCOPE

In general, the objectives of this investigation were to:

Accurately evaluate water outlets for lead above the EPA Maximum Contaminate Level (MCL).

1.3. AUTHORIZATION

Authorization was provided by phone for our Professional Services by Donald Carpenter on May 2^{nd} , 2016.

2. SITE INVESTIGATIONS

2.1. FIELD PROGRAM

In order to sample and evaluate water, GSES took six samples, a First Draw sample and a Flush sample, from three different locations on the site.

The field portion of our investigation was under control and continual supervision of an experienced member of our field scientist staff.

2.2 LABORATORY TESTING

2.2.1. General

In accordance with ASTM D3559 and the U.S. Environmental Protection Agency guidelines for lead in drinking water at schools and child care facilities, we took two samples: first draw and flush, which is the required testing standard for drinking water lead contamination.



Results of the tests indicate that the water is below the threshold for lead contamination. A copy of the lab report and Chain of Custody is attached (Appendix 1).

3. DISCUSSIONS AND RECOMMENDATIONS

3.1. DISCUSSIONS OF FINDINGS

The water results are below the threshold for lead contamination.

We appreciate the opportunity of providing this service for you. If you have any questions concerning this report or require additional information, please do not hesitate to contact the undersigned.

Respectfully submitted,

Michael Etters Field Scientist Monica Starks, CIEC

Principal

Council-certified Indoor Environmental Consultant Board-awarded by the American Council for Accredited Certification



Appendix 1, Lab Results, Chain of Custody

National Testing Laboratories, Ltd

556 South Mansfield, Ypsilanti, MI, 48197-5166 (440) 449-2525, Fax: (440) 449-8585

ANALYTICAL REPORTS

SAMPLE CODE: 354747

5/20/2016

13560 E. Menichols - 48205

Customer:

G. S. Group

Monica Starks 17800 Woodward Ave

#200

Detroit, MI 48203

Source:

Mt. Zion Child Care, DC-01-DF-01-P

Source City: Detroit

Source State:MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

The results herein conform to TNI and ISO/IEC 17025:2005 standards, where applicable, unless otherwise narrated in the body of the report. The uncertainty of the test results are available upon request. All Dates and Times are reported as U.S. Eastern Time.

Legend

Any 'Level Detected' marked with an asterisk (*) indicates that the value has exceeded the EPA Maximum Contaminant Level (MCL) or one of the Standards of Quality

"ND"

This contaminant was not detected at or above our lower reporting limit (LRL)

"NA"

Not Analyzed

"Standard"

This column indicates either the Maximum Contaminant Level (MCL) for EPA Primary Standards or the guideline values for EPA

Secondary Standards

"LRL"

This column indicates the Lower Reporting Limit, which is the lowest level that the laboratory can detect a contaminant.

"DF"

This column indicates the contaminant dilution factor.

Report Notes:

Detected Sampled Prepped Analyzed Inorganic Analytes - Metals	Fed Id # Contaminant	Method Standa	d Units	LRL	Level	DF	Date/Time	Date	Date/Time
Inorganic Analytes - Metals					Detected		Sampled	Prepped	Analyzed
inorganic Analytes - Metals									
			Inorga	inic Anal	ytes - Metals				

These test results may be used for compliance purpose as required.

Analyst	Tests
EC	200.8
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James Abston, Operations Manager

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ANALYTICAL REPORTS

SAMPLE CODE: 354748 5/20/2016

Customer:

G. S. Group Monica Starks

17800 Woodward Ave

#200

Detroit, MI 48203

Source:

Mt. Zion Child Care, DC-01-DF-01-F

Source City: Detroit

Source State:MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

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"LRL"

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This column indicates the contaminant dilution factor. "DF"

Report Notes:

Fed Id # Contaminant	Method Standard	Units LRL	Level	DF Date/Time	Date	Date/Time
			Detected	Sampled	Prepped	Analyzed
		Inorganic Analy	tes - Metals			
1030 Lead	200.8 0.015	mg/L 0,001	ND	1 5/9/2016 08:0	0	5/18/2016

These test results may be used for compliance purpose as required.

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ANALYTICAL REPORTS

SAMPLE CODE: 354749 5/20/2016

Customer:

G. S. Group Monica Starks

17800 Woodward Ave

#200

Detroit, MI 48203

Source:

Mt. Zion Child Care, DC-01-GBF-02-P

Source City: Detroit

Source State:MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

The results herein conform to TNI and ISO/IEC 17025:2005 standards, where applicable, unless otherwise narrated in the body of the report. The

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uncertainty of the test results are available upon request. All Dates and Times are reported as U.S. Eastern Time.

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Not Analyzed

"Standard"

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Report Notes:

Fed Id # Contaminant	Method Standard	Units LRL	Level	DF Date/Time	Date	Date/Time
			Detected	Sampled	Prepped	Analyzed
		Inorganic Anal	ytes - Metals			
1030 Lead	200.8 0.015	mg/L 0,001	0.002	1 5/9/2016 08:0	10	5/18/2016

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ANALYTICAL REPORTS

SAMPLE CODE: 354750 5/20/2016

Customer:

G. S. Group Monica Starks

17800 Woodward Ave

#200

Detroit, MI 48203

Source:

Mt. Zion Child Care, DC-01-GBF-02-F

Source City: Detroit

Source State:MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

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Not Analyzed

"Standard"

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Report Notes:

Fed Id # Contaminant	Method Standard Units LRL	Level	DF Date/Time	Date	Date/Time
		Detected	Sampled	Prepped	Analyzed
	Inorganic Ana	alytes - Metals			
1030 Lead	200.8 0.015 mg/L 0.001	ND	1 5/9/2016 08:0	00	5/18/2016

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ANALYTICAL REPORTS

SAMPLE CODE: 354751 5/20/2016

Customer:

G. S. Group Monica Starks

17800 Woodward Ave

#200

Detroit, MI 48203

Sourc

Mt. Zion Child Care, DC-01-KC-03-P

Source City: Detroit

Source State:MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

The results herein conform to TNI and ISO/IEC 17025:2005 standards, where applicable, unless otherwise narrated in the body of the report. The uncertainty of the test results are available upon request. All Dates and Times are reported as U.S. Eastern Time.

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Not Analyzed

"Standard"

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Secondary Standards.

"LRL"

This column indicates the Lower Reporting Limit, which is the lowest level that the laboratory can detect a contaminant.

"DF" This column indicates the contaminant dilution factor.

Report Notes:

					Date/Time
		Detected	Sampled	Prepped	Analyzed
Inc	organic Analyte	es - Metals			

These test results may be used for compliance purpose as required.

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ANALYTICAL REPORTS

SAMPLE CODE: 354762 5/20/2016

Customer:

G. S. Group

Monica Starks 17800 Woodward Ave

#200

Detroit, MI 48203

Source:

Mt. Zion Child Care, DC-01-KC-03-F

Source City: Detroit

Source State: MI

Date/Time Received:

5/10/2016 13:30

Collected by:

The results herein conform to TNI and ISO/IEC 17025:2005 standards, where applicable, unless otherwise narrated in the body of the report. The uncertainty of the test results are available upon request. All Dates and Times are reported as U.S. Eastern Time.

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"ND"

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"NA"

Not Analyzed

"Standard"

This column indicates either the Maximum Contaminant Level (MCL) for EPA Primary Standards or the guideline values for EPA

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"LRL"

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"DF" This column indicates the contaminant dilution factor.

Report Notes:

Fed Id # Contaminant	Method Standard	Units LRL	Level Detected	DF Date/Time Sampled	Date Prepped	Date/Time Analyzed
		Inorganic Analy	tes - Metals			
1030 Lead	200.8 0.015	mg/L 0.001	ND	1 5/9/2016 08:0	0	5/18/2016

These test results may be used for compliance purpose as required.

Analyst	Tests
EC	200.8

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1-800-458-3330

General Compliance

Order Number: Order Date:

2076912 04/19/2016 354748

Sample Number:

Product:

Lead Only

Sample Paid: No

Payment Method:

TSR: EF

Sold To:	IOK: Er	
G. S. Group		For Laboratory Use ONLY
Monica Starks		Lab Accounting Information:
17800 Woodward Ave Detroit	MI 48203	Payment \$:
	WID 40200	Check #:
		Lab Comments/Special Instructions:
Date Sampled : 5 19 116		
Time Sampled: 8 : 00 P	lease Use Military Time, e.g. 3:00pm = 15:00	
Check Time Zone: DEST CST	☐ MST ☐ PST	
Client Name: MT. Zie	n Child Care	
Phone Number: 313-81	14-4505	
Fax Number:		
PWS ID# (if applicable):	NA	State Forms:
Sample ID or Source: Dc - C	01-DF-01-F	Lab Sample Information:
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Mational Testing Laboratories, Ltd.

Quality Water Analysis

1-800-458-3330

General Compliance

Order Number: Order Date:

2076912 04/19/2016

354749

Sample Number:

224143

Product:

Lead Only

Sample Paid: No

Payment Method:

TSR: EF

Sold To:	ion: er	
G. S. Group		For Laboratory Use ONLY
Monica Starks		
17800 Woodward Ave		Lab Accounting Information:
Detroit	MI 48203	Payment \$:
		Check #:
Date Sampled : 519	16	Lab Comments/Special Instructions:
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Client Name:	Eion Child Care	
Phone Number: 313-	844-4505	
Fax Number:		
PWS ID# (if applicable):	NA	State Forms:
Sample ID or Source:	C-01-GBF-02-P	Lab Sample Information:
Source Type: Spring	☐ Well ☐ Municipal ☐ Surface	Date Received: \ \ MAY 1 0,2016
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National Testing Laboratories, Ltd.

Quality Water Analysis

1-800-458-3330

General Compliance

Order Number:

2076912

04/19/2016

354750

Sample Number:

Order Date:

Product:

Lead Only

Sample Paid: No Payment Method:

Sold To:	IOK. EF	
G. S. Group		For Laboratory Use ONLY
Monica Starks 17800 Woodward Ave		Lab Accounting Information:
5-4	48203	Payment \$:
		Check #:
Date Sampled : 5 19 116		Lab Comments/Special Instructions:
Time Sampled: 8 : 00 Plasse Use M	illitery Time, e.g. 3:00pm = 15:00	·
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Phone Number: 313-844-4		
Fax Number:		
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Sample ID or Source: DC-GI-GE	3F-0Z-F	
Source Type: Spring Well Well		Leb Sample Information: MAY 1 0 2016
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	lature)	Deviations from acceptable sample receipt criteria noted on PSA form.
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M National Testing Laboratories, Ltd.

Quality Water Analysis

1-800-458-3330

General Compliance

Order Number: Order Date:

2076912 04/19/2016

354751

Sample Number:

Product:

Lead Only

Sample Paid: No

Payment Method:

TSR: EF Sold To: G. S. Group For Laboratory Use ONLY Monica Starks Lab Accounting Information: 17800 Woodward Ave Payment \$:_ Detroit MI 48203 Check #:_ Lab Comments/Special Instructions: Date Sampled : 5 19 116 Time Sampled: 8 Please Use Military Time, e.g. 3:00pm = 15:00 Check Time Zone: ☐EST ☐ **Client Name:** Phone Number: Fax Number: State Forms: PWS ID# (if applicable): Sample ID or Source: UC-01-KC-03-P Lab Sample Information: MAY 1 0 2016 Source Type: Spring Well Other: Time Received City & State: Received By: Sample receipt crite la c ecked & acceptable. Sample Collected By Deviations from acceptable sample receipt criteria noted on PSA form. Sample Collected By: Form Completed By:

National Testing Laboratories, Ltd.

Quality Water Analysis

1-800-458-3330

General Compliance

Order Number: Order Date:

2076912

04/19/2016

Sample Number:

Product:

Lead Only

Sample Paid: No TSR: EF

Payment Method:

G. S. Group Monica Starks 17800 Woodward Ave Detroit MI 48203 MI 48203 Please Use Military Time, e.g. 3:00pm = 15:00 Check Time Sampled: 6 : 00 Please Use Military Time, e.g. 3:00pm = 15:00 Check Time Zone:	Sold To:	
17800 Woodward Ave Detroit MI 48203 Payment \$:_ Check #:_ Lab Commenta/Special Instructions: Lab Co		For Laboratory Use ONLY
Detroit MI 48203 Payment \$:	Monica Starks	Lab Accounting Information:
Date Sampled: 5 19 116 Time Sampled: 6 : 00 Please Use Military Time, e.g. 3:00pm = 15:00 Check Time Zone: DEST CST MST PST Client Name: MT. Zien Child Cand Phone Number: 313 - 844 - 4505 Fax Number: PWS ID# (if applicable): State Forms: Sample ID or Source: DC - OI - KC - O3 - F Source Type: Spring Well Municipal Surface Other: City & State: Destroit (if different then Above) Sample received By: March		Payment S:
Date Sampled: 5.19 116 Time Sampled: 8:00 Please Use Military Time, e.g. 3:00pm = 15:00 Check Time Zone: DEST CST MST PST Client Name: MT. Zien Child Card Phone Number: 313 - 844 - 4505 Fax Number: PWS ID# (if applicable): State Forms: Sample ID or Source: DC - OI - & C - O3 - F Source Type: Spring Well Municipal Surface Other: City & State: Descrit Military Time, e.g. 3:00pm = 15:00 Check Time Zone: UEST CST MST PST Client Name: State Forms: State Forms: Lab Sample Information: Date Received: MAY 1 0 2016 Time Received: MAY 1 0 2016 Time Received By: May 1 0 2016 Sample receipt criteria d acked & acceptable.	Detroit Wil 48203	
Time Sampled: 8: OPlease Use Military Time, e.g. 3:00pm = 16:00 Check Time Zone: ST CST MST PST Client Name: T. Zion Child Cand Phone Number: 313 - 844 - 4505 Fax Number: PWS ID# (if applicable): State Forms: Sample ID or Source: DC - OI - KC - O3 - F Source Type: Spring Well Municipal Surface Other: City & State: Defruit III (If Different than Above) Sample received By: MAY 1 0 2016 Received By: Sample receipt criteria clecked & acceptable.		Lab Comments/Special Instructions:
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Sample ID or Source: DC - OI - KC - O3 - F Source Type: Spring Well Municipal Surface Other: City & State: Defroit (If Different than Above) Sample receipt criteria clecked & acceptable.	Phone Number: 313-844-4505	
Sample ID or Source: DC - OI - KC - O3 - F Source Type: Spring Well Municipal Surface Other: City & State: Defroit (If Offferent than Above) Sample receipt criteria clecked & acceptable.	Fax Number:	
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